



MISSOURI DEPARTMENT OF AGRICULTURE
P.O. BOX 630, 1616 MISSOURI BOULEVARD
JEFFERSON CITY, MISSOURI 65102

APPLICATION FOR EMPLOYMENT

DATE

NAME (PRINT)

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER - HOME

OTHER MEANS OF CONTACT

TELEPHONE NUMBER - WORK

POSITION(S) DESIRED

EARNINGS EXPECTED PER MO.

\$

LIST COUNTIES WHERE YOU ARE WILLING TO ACCEPT ASSIGNMENT

TYPE OF POSITION

☐ FULL-TIME ☐ PART-TIME

SPECIFY DAYS AND HOURS IF PART-TIME

HAVE YOU EVER BEEN EMPLOYED BY THE STATE OF MO? IF SO, LIST DATES AND AGENCY

☐ YES ☐ NO

HAVE YOU EVER APPLIED OR BEEN EMPLOYED BY THIS DEPARTMENT? IF SO LIST DATES.

☐ YES ☐ NO

NAMES OF RELATIVES EMPLOYED BY THIS DEPARTMENT

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ YES ☐ NO

IF YES, EXPLAIN

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE MAJORED IN GIVE DEGREE	CHECK LAST YEAR COMPLETED				GRADUATE?	LAST YEAR ATTENDED
ELEMENTARY			5	6	7	8		
HIGH SCHOOL			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1	2	3	4		
BUSINESS OR TRADE SCHOOL			1	2	3	4		
CORRESP. OR NIGHT SCHOOL			1	2	3	4		

COPY OF TRANSCRIPTS, CERTIFICATES, LICENSES MUST BE ATTACHED!

SERVICE IN U.S. ARMED FORCES

HAVE YOU SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE ACTIVE DUTY STARTED	WHICH BRANCH OF SERVICE
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DATE OF DISCHARGE

19

RANK AT DISCHARGE

WHAT SPECIAL TRAINING DID YOU RECEIVE OR WHAT SKILLS DID YOU ACQUIRE DURING YOUR SERVICE?

PLEASE NOTE: A RESUME MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUIRED IN THIS APPLICATION.

LIST BELOW THE NAMES OF ALL YOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT. a. COMPANY NAME b. ADDRESS AND PHONE NUMBER		KIND OF BUSINESS	TIME EMPLOYED				HOW WAS POSITION OBTAINED?	NATURE OF WORK AT START		
			FROM		TO					
			MO.	YR.	MO.	YR.				
1.	a. b.									
2.	a. b.									
3.	a. b.									
4.	a. b.									
5.	a. b.									
6.	a. b.									

INDICATE BY NUMBER _____ ANY OF THE ABOVE EMPLOYERS WHOM YOU **DO NOT** WISH US TO CONTACT.

REFERENCES (DO NOT LIST RELATIVES)	ADDRESS	PHONE NUMBER

IF APPLYING FOR CLERICAL OR SECRETARIAL POSITIONS, PLEASE FILL IN THE FOLLOWING INDICATING YOUR EXPERIENCE.

CHECK HERE	TYPE OF EXPERIENCE	YRS.	MOS.	CHECK HERE	TYPE OF EXPERIENCE	YRS.	MOS.	CHECK HERE	TYPE OF EXPERIENCE	YRS.	MOS.
	CLERICAL SUPERVISOR				CLERK				TELEPHONE SWBD. OPERATOR		
	CONFIDENTIAL SECRETARY				CORRESPONDENCE				TELETYPE OPERATOR		
	KEY PUNCH OPERATOR				COST				COPY MACHINE OPERATOR		
	STORES CLERK				FILE						
	OFFICE SUPERVISOR				GENERAL						
	RECEPTIONIST				MAIL						
	SECRETARY				STATISTICAL						
					STOCK						
					ACCOUNT						

INDICATE BELOW YOUR OFFICE SKILLS AND CHECK OFFICE MACHINES YOU CAN OPERATE EFFICIENTLY

<input type="checkbox"/> MEMORY TYPEWRITER <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> ELECTRIC TYPEWRITER <input type="checkbox"/> PERSONAL COMPUTER <input type="checkbox"/> SHORTHAND <input type="checkbox"/> STENOTYPE <input type="checkbox"/> WORD PROCESSOR <input type="checkbox"/> DICTAPHONE	SPEED IN TYPING _____ SPEED IN TYPING _____ SPEED IN TAKING DICTATION _____ SPEED IN TAKING DICTATION _____	<input type="checkbox"/> BILLING MACHINE <input type="checkbox"/> BOOKKEEPING MACHINE <input type="checkbox"/> ACCOUNTING MACHINE <input type="checkbox"/> CALCULATING MACHINE <input type="checkbox"/> TABULATING MACHINE	WHICH ONES _____ WHICH ONES _____ WHICH ONES _____ WHICH ONES _____ WHICH ONES _____
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STARTING SALARY	SALARY AT LEAVING	WORK AT LEAVING (INCLUDE: TITLE, RESPONSIBILITIES, SUPERVISORY DUTIES, ETC.)	NUMBER OF PEOPLE SUPERVISED	REASON FOR LEAVING	NAME OF IMMEDIATE SUPERVISOR
					NAME
					TITLE
					NAME
					TITLE
					NAME
					TITLE
					NAME
					TITLE
					NAME
					TITLE

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY PREPARE YOU FOR WORK WITH THIS DEPARTMENT?

IF NECESSARY, WOULD YOU BE WILLING TO TRANSFER? ☐ YES ☐ NO

DO YOU HAVE A DRIVER'S LICENSE? ☐ YES ☐ NO

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? ☐ YES ☐ NO

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB?
☐ YES ☐ NO IF THE ANSWER IS "YES", GIVE THE NAME OF EMPLOYER, DATE, AND REASON IN EACH CASE.

CERTIFICATION

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION AS TO A MATERIAL FACT, MY APPLICATION WILL BE REJECTED/MY EMPLOYMENT WILL BE TERMINATED. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATIONS REGARDING PERSONAL HISTORY.

SIGNATURE

DATE

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK? _____